

RECEIVED



2004 MAR 15 PM 12:53

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

March 12, 2004

The Honorable Christine Vogel
Commissioner
Office of Health Care Access
410 Capital Avenue, MS#13HCA
PO Box 340308
Hartford, CT 06134-0308

Dear Commissioner Vogel:

Please find enclosed the original Letter of Intent from Greenwich Hospital for an additional fixed site MRI.

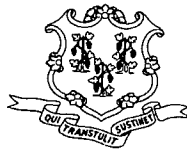
If you have any questions, I can be reached at (203) 863-3008.

Respectfully yours,

A handwritten signature in black ink, appearing to be 'E. Colucci', written over a horizontal line.

Eugene J. Colucci
Vice President Finance/CFO

5 Perryridge Road
Greenwich, CT 06830-4697
(203) 863-3000



RECEIVED

2004 MAR 15 PM 12:53

State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Greenwich Hospital	
Doing Business As	Greenwich Hospital	
Name of Parent Corporation	Greenwich Health Care Services ,Inc	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	5 Perryridge Road Greenwich, CT 06830	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Gene Colucci Chief Financial Officer	
Contact person's street mailing address	5 Perryridge Road Greenwich, CT 06830	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Greenwich Hospital MRI Scanner

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|---|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input checked="" type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost greater than \$ 1,000,000

☒ Equipment Acquisition greater than \$ 400,000

- | | | |
|---|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input checked="" type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):
5 Perryridge Road Greenwich, Connecticut 06830

d. List all the municipalities this project is intended to serve: ***Please refer to Attachment I for copy of service area map.***

e. Estimated starting date for the project: ***10/01/04***

f. Type of project: **19** (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
NA				
NA				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure: \$ **2,874,932**

b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	\$ 2,837,432
Non-Medical Equipment (Purchase)	37,500
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$ 2,874,932
Fair Market Value of Leased Equipment	\$
Total Capital Cost	\$ 2,874,932

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
MRI Scanner	TBD		1	\$2,837,432

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.
At this point we have not selected a vendor.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify):

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable): **Please refer to Attachment II and III**

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number:
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: Greenwich Hospital _____

Project Title: MRI Scanner

I, Frank A. Corvino, President and CEO
(Name) (Position – CEO or CFO)

of Greenwich Hospital being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that Greenwich Hospital complies with the appropriate and
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.


Signature

3/11/04
Date

Subscribed and sworn to before me on March 11, 2004


Notary Public/Commissioner of Superior Court

SHEILA G. VENTO
NOTARY PUBLIC
MY COMMISSION EXPIRES MAR. 01, 2007

My commission expires: _____

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

2004 MAR 15 PM 1:09

RECEIVED

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

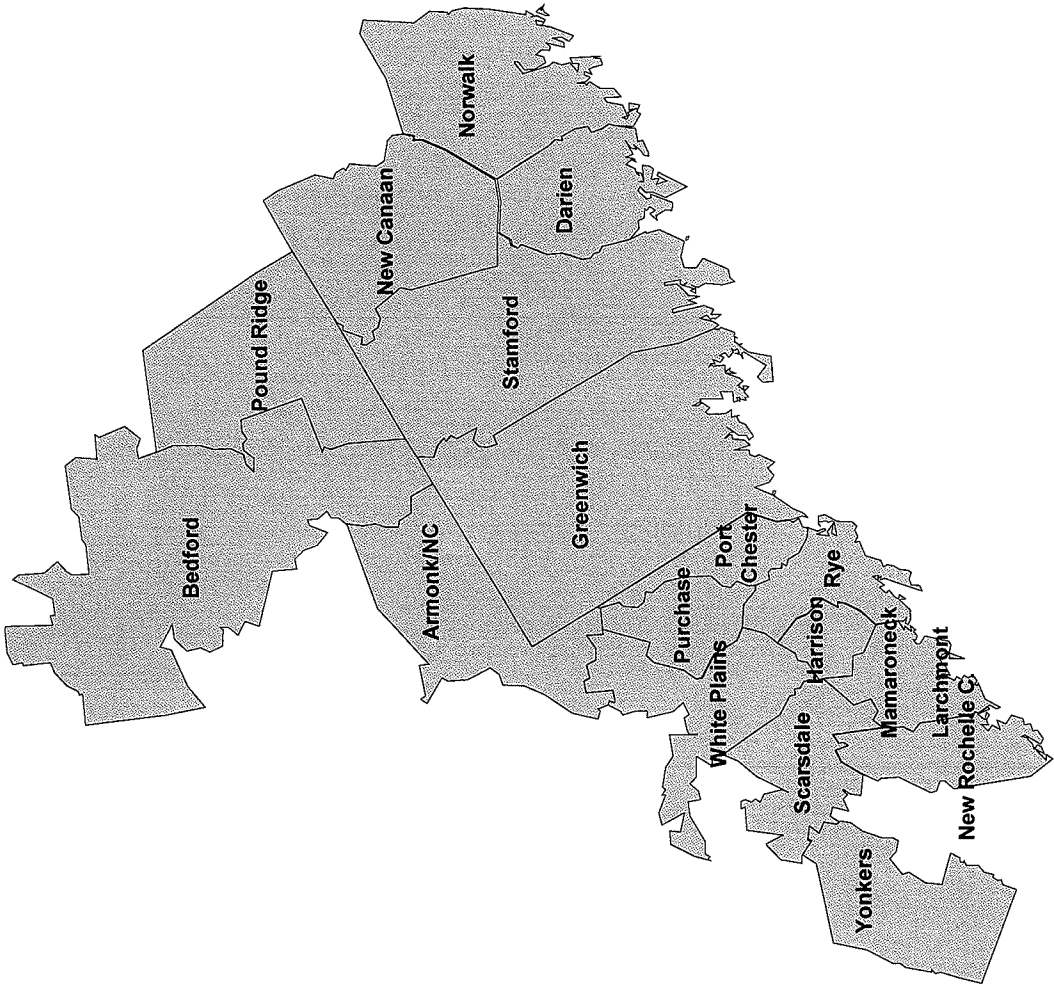
Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

Greenwich Hospital Primary Service Area



SECTION IV

PROJECT DESCRIPTION FOR LETTER OF INTENT

Greenwich Hospital MRI Scanner

A member of the Yale New Haven Health System, Greenwich Hospital is a community teaching hospital, affiliated with the Yale University School of Medicine. Greenwich Hospital is a progressive medical center offering a wide range of medical, surgical, diagnostic and preventive programs. Greenwich Hospital is committed to providing the highest quality of care to the communities it serves. Greenwich Hospital's Department of Public Health License is presented in Attachment III. With this Letter of Intent, Greenwich Hospital is seeking approval to acquire a second fixed site MRI scanner to be located on the hospital campus.

Greenwich Hospital currently operates one fixed site MRI scanner and one mobile MRI scanner. Both MRI scanners offer services seven (7) days a week. MRI volume, both inpatient and outpatient, has shown substantial growth over the past several fiscal years. In FY2000, the hospital experienced 5,341 visits that grew 31% to 6,998 visits in FY2001. In FY2002, the hospital volume grew to 7,965 visits, an increase of 13.82% from the previous year. In FY2003, Greenwich Hospital had 8,241 MRI visits, a growth of 3.4% from the prior year. The growth rate was smaller in FY2003 as Greenwich Hospital began to near volume capacity for the provision of MRI services. The current backlog for outpatient services is three to five days. The addition of a second fixed site MRI scanner at Greenwich Hospital, along with the existing fixed site and mobile unit, would eliminate MRI backlogs. Inpatient MRI services have grown as a result of the overall increase in admissions at Greenwich Hospital over the past several years. In addition, the time required to conduct many of the MRI inpatient studies has increased with some of these complex cases even requiring anesthesia.

All of the above demonstrates that Greenwich Hospital is at its maximum volume capacity with the current MRI equipment. In addition, MRI technology continues to improve. The latest MRI scanners have better image resolution as well as faster image acquisition time than the MRI scanners currently in place at Greenwich Hospital. Greenwich Hospital must expand capacity and offer the latest in technology through the acquisition of a second fixed site MRI scanner in order to continue providing the highest quality care to its patients.

The proposed Certificate of Need would not impact other area providers. Greenwich Hospital would use the proposed MRI scanner to serve its current population. The payer source and target market would remain unchanged.

The addition of a second fixed site MRI scanner would enhance the State of Connecticut health care delivery system. Greenwich Hospital, with two fixed sites and a mobile, would be able to provide patients with state-of-the-art, easily accessible, excellent quality care when they need it, as soon as they need it.

STATE OF CONNECTICUT

Department of Public Health

Attachment III

LICENSE

License No. 0045

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Greenwich Hospital of Greenwich, CT, d/b/a Greenwich Hospital is hereby licensed to maintain and operate a General Hospital.

Greenwich Hospital is located at 5 Perryridge Road, Greenwich, CT 06830

The maximum number of beds shall not exceed at any time:

32 Bassinets

174 General Hospital beds

This license expires September 30, 2005 and may be revoked for cause at any time.

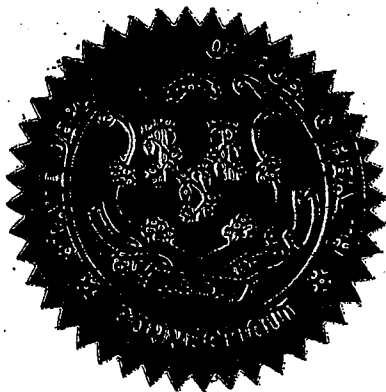
Dated at Hartford, Connecticut, October 1, 2003. RENEWAL.

Satellites

Cohen Pavilion, 27 Lafayette Place, Greenwich, CT

The Endoscopy Center of Greenwich Hospital, 500 West Putnam Avenue, Greenwich, CT

Holly Hill Campus, 55 Holly Hill, Greenwich, CT



A handwritten signature in black ink, appearing to read "Norma Gyle".

Norma Gyle, R.N., Ph.D., Acting
Commissioner